

<b>Case Number:</b>	CM13-0025974		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/23/2008
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year-old male sustained a slip and fall back injury from the stairs on 9/23/08. Requests under consideration include two compounded medications provided on 7/30/13: Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine 10%, 0.0124%, liq, #120, and Ketoprofen/Lidocaine/Capsaicin/Tramadol 15%, 1%, 0.012/5% liq, #60. A form was included in the documentation provided showing a diagnosis of generalized pain with circled itemized customized compounded transdermal medications. Review of the submitted file has no documentation of the indication for these compounded analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flurbiprofen/ Cyclobenzaprine/ Capsaicin/ Lidocaine 10%, 0.0124%, liq, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113..

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain,

but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral nonsteroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. Therefore, the topical compounded medication provided on 7/30/13 was not medically necessary and appropriate.

**Ketoprofen/Lidocaine/Capsaicin/Tramadol 15%, 1%, 0.012/5% liq, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113..

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. Therefore, the topical compounded medication provided on 7/30/13 was not medically necessary and appropriate.